USEPA 290 BROADWAY NY, NY

NOTIFICATION OF DEMOLITION AND RENOVATION PAL JOB # 16-1118

Operator Project #	Postmark		Date Rec	ceived		Notif	ication :	#	
TYPE OF NOTIFICATION (O-C	riginal, R-Re	eceived, C-Cance	elled): R –	Postnone	d				
FACILITY INFORMATION (Ide									
OWNER NAME: Rochdale Villa	ge, Inc								
Address: 169-65 137 th Avenue	9								
City: Jamaica				State: NY			Zip:	11434	
Contact Name: Sonia Dacosta					Tele	phone: 718			
REMOVAL CONTRACTOR: PAL	. Environmer	ntal Safety Corp.	. d/b/a PAL	Environme	ental Services				
Address: 11-02 Queens Plaza	South								
City: Long Island City					State: N	۱Y		Zip: 11101	
Contact Name: Aric Domozick					Tel	ephone: 71	8-349-09	000	
OTHER CONTRACTOR:									
Address:									
City:					State:			Zip:	
Contact Name:					Te	elephone:			
TYPE OF OPERATION (D-Dem	o, O-Ordere	d Demo, R-Reno	ovation, E-E	mergency	Renovation: R				
IS ASBESTOS PRESENT? (YES	NO) YES								
FACILITY DESCRIPTION (Inclu	ude Building	Name, Number	and Floor	or Room Nu	umber)				
Building Name:									
Address: 169-21 137 th Avenue)								
City: Queens				State: NY	,		Zip: 11434		
Site Location: Roof				1					
Building Size: 6,940,450 Square Feet				# of Floo		Age in Years: 54			
Present Use: Commercial				Prior Use: Commercial					
Procedure, Including Analytica	l Method, If Pl	Appropriate, Us M – Polarized L	sed to Detection	ct the Prese copy	ence of Asbesto	os Material:			
Approximate amount of asbest					Friable	Indicate Unit of Measurement			
Including						Below			
 Regulated ACM to be rem 		removed	d l	not to be	e removed				
Category I ACM not remove						Annual Control			
Category II ACM not remo	oved			0					
				CAT I	CAT II		ι	JNIT	
Surface Area:						Linear Fee	et:	Ln M:	
Surface Area: Tar Duct Insulat	tion	200				Square Fe	et: X	Square Meter:	
Volume RACM off Facility Com						CuFt:		Cu M:	
Scheduled Dates Asbestos Ren			St	tart: Postp	oned	Complete: 03/01/2017			
Scheduled Dates Demo/Renovation (mm/dd./yy)				tart:		Complete:			

DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD (S) TO BE USED: DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: HEPA Vacs, Micro Traps (Negative Air Pressure) and amended water will be utilized for emissions control. WASTE TRANSPORTER #1 Name: Tri State Transfer Associates Address: 1199 Randall Avenue City: Long Island City State: NY Zip: 10474 Contact Name: Jimmy Byrne Telephone: 718-617-0771 WASTE TRANSPORTER #2 Name: ATC Address: 2 Moriches Middle Island Road City: Shirley State: NY Zip: Contact Name: Kenny Smith Zip: WASTE TRANSPORTER #3 Name: P.A.L. Environmental Safety Corp. d/b/a PAL Environmental Services Location: 11-02 Queens Plaza South City: Long Island City City: Long Island City
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Telephone: 718-349-0900
Disposal Facility
Name: Minerva Enterprises
Location: 9000 Minerva Road, SE Location: 9000 Minerva Road, SE
City: Waynesburg State: OH Zip: 44699
FOR EMERGENCY RENOVATIONS
Date and Hour of Emergency (mm/dd./yy)
Description of the Sudden, Unexpected Event:
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:
DESCRIPTION OF PROCEDURE TO BE POLICIONED IN THE EVENT THAT INTERPRETED ACRECTOR IS FOLIABLED OF PREVIOUSLY
NONFRIABLE ASDESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED OR REDUCED TO DOWNED. Any ACM, which is discovered.
disconcernity, of non-mable ACM, which becomes crumpled, will be immediately wet with amended water and closued up with LIDA
vacs, to be put in a filli boly bads for proper disposal.
I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULALTION (40 CET PART 61, SUPPART AN) WILL BE ON
STILL DOINTING THE DEPOLITION OR RENOVATION AND EVIDENCE THAT THE DECLINED TRAINING HAS BEEN ACCOMPLICATED BY
THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS (required 1 year after promulgation)
MI
Signature of Owner/Operator Date
I certify that the approximation is correct
03/16/2016
Signature of Owner Operator Date